



# Kaibab Paiute Tribe Education Program

2013-2014

(Student Name)\_\_\_\_\_ has my permission to participate in the  
Kaibab Paiute Tribe's Education Program.

**Check all that apply:**

☐ My student has my permission to be picked up/dropped off on Friday mornings to participate in the Friday tutoring program. I understand that transportation outside of the normal pick-up/drop-off route is the responsibility of the students parents/guardian to arrange.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

**Parent/Guardian Contact Information – To help us communicate with you better!**

Parent/Guardian Name #1\_\_\_\_\_ Parent/Guardian Name #2\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Mailing Address\_\_\_\_\_ Email Address\_\_\_\_\_

**Please sign one form for each of your children**